

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	4/12/01
FORMALITY REVIEW	BZ	TC3-883	04-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A .....  
 - ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	4/12/01
2	4/12/01
3	4/12/01
4	4/12/01
5	4/12/01
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49	4/12/01
50	4/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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